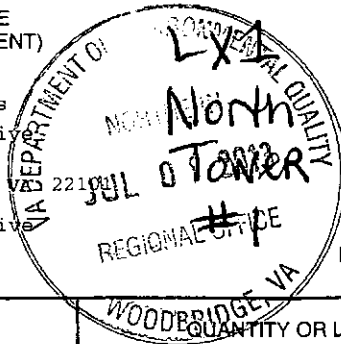


PERMITTEE NAME/ADDRESS(INCLUDE  
FACILITY NAME/LOCATION IF DIFFERENT)

NAME The Peterson Companies  
ADDRESS 1500 Tysons McLean Drive  
McLean  
FACILITY 1500 Tysons McLean Drive



COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
COOLING WATER DISCHARGE  
DISCHARGE MONITORING REPORT(DMR)

VAG250102			001		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2013	04	01	TO	2013	06 30

PAGE 1 of 2 05/04/2006  
DEPT. OF ENVIRONMENTAL QUALITY  
(REGIONAL OFFICE)

Northern Va. Regional Office  
13901 Crown Court

Woodbridge VA 22193

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS  
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTED	*****	0.03	MGD		*****	*****	—	0	1/3M	EST
	REQUIREMENT	*****	0.05	MGD	NA	*****	*****			1/3M	EST
002 PH	REPORTED	*****	*****		6.0	*****	8.71	SU	0	1/3M	GRAB
	REQUIREMENT	*****	*****		6.0	*****	9.0	SU		1/3M	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTED	*****	*****			*****	8.59	MG/L	0	1/3M	GRAB
	REQUIREMENT	*****	*****		NA	*****	NL	MG/L		1/3M	GRAB
039 AMMONIA, AS N	REPORTED	*****	*****			*****	.47	MG/L	0	1/3M	GRAB
	REQUIREMENT	*****	*****		NA	*****	NL	MG/L		1/3M	GRAB
080 TEMPERATURE, WATER (DEG. C)	REPORTED	*****	*****			*****	21.6	C	0	1/3M	IS
	REQUIREMENT	*****	*****		NA	*****	NL	C		1/3M	IS
137 HARDNESS, TOTAL (AS CaCO3)	REPORTED	*****	*****			*****	360	MG/L	0	1/3M	GRAB
	REQUIREMENT	*****	*****		NA	*****	NL	MG/L		1/3M	GRAB
165 CL2, INST RES MAX	REPORTED	*****	*****			*****	0	MG/L	0	1/3M	GRAB
	REQUIREMENT	*****	*****		NA	*****	ND	MG/L		1/3M	GRAB
442 COPPER, DISSOLVED (UG/L AS CU)	REPORTED	*****	*****			*****	20	UG/L	0	1/3M	GRAB
	REQUIREMENT	*****	*****		NA	*****	NL	UG/L		1/3M	GRAB

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		DATE					
0	0	0		Susane Deeds	Susane Deeds	2013	06	28			
<p>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. &amp; 1001 AND 33 U.S.C. &amp; 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</p>				TYPED OR PRINTED NAME		SIGNATURE		CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE					
				TYPED OR PRINTED NAME		SIGNATURE		YEAR	MO.	DAY	
				Robert Gleich		Robert Gleich		2013	06	28	

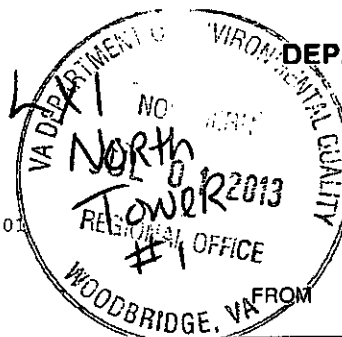
DEPT. OF ENVIRONMENTAL QUALITY  
(REGIONAL OFFICE)Northern Va. Regional Office  
13901 Crown Court

Woodbridge VA 22193

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS  
BEFORE COMPLETING THIS FORM.COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
COOLING WATER DISCHARGE  
DISCHARGE MONITORING REPORT(DMR)

VAG250102	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
2013	04	01	TO	2013	06	30

PERMITTEE NAME/ADDRESS(INCLUDE  
FACILITY NAME/LOCATION IF DIFFERENT)NAME The Peterson Companies  
ADDRESS 1500 Tysons McLean DriveMcLean VA 22101  
FACILITY 1500 Tysons McLean Drive

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
447 SILVER, DISSOLVED (UG/L AS AG)	REPORTED	*****	*****			*****	<10	UG/L	0	1/3M	GRAB
	REQUIREMENT	*****	*****		NA	*****	NL	UG/L		1/3M	GRAB
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTED	*****	*****			*****	4	UG/L	0	1/3M	GRAB
	REQUIREMENT	*****	*****		NA	*****	NL	UG/L		1/3M	GRAB
	REPORTED										
	REQUIREMENT										
	REPORTED										
	REQUIREMENT										
	REPORTED										
	REQUIREMENT										
	REPORTED										
	REQUIREMENT										
	REPORTED										
	REQUIREMENT										
	REPORTED										
	REQUIREMENT										
	REPORTED										
	REQUIREMENT										

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
0	0			Susane Deeds	<i>Susane Deeds</i>		2013	06	28
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
				Robert Gleich	<i>Robert Gleich</i>	(703)653-8833	2013	06	28

PERMITTEE NAME/ADDRESS(INCLUDE  
FACILITY NAME/LOCATION IF DIFFERENT)

NAME The Peterson Companies  
ADDRESS 1500 Tysons McLean Drive

McLean  
FACILITY 1500 Tysons McLean Drive

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF ENVIRONMENTAL QUALITY

COOLING WATER DISCHARGE  
DISCHARGE MONITORING REPORT(DMR)

VAG250102	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
2013	04	01	TO	2013	06	30

Page 1 of 2

05/04/2006

DEPT. OF ENVIRONMENTAL QUALITY  
(REGIONAL OFFICE)

Northern Va. Regional Office  
13901 Crown Court

Woodbridge VA 22193

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS  
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTED	*****	0.03	MGD		*****	*****	—	0	1/3M	EST
	REQUIREMENT	*****	0.05	MGD	NA	*****	*****			1/3M	EST
002 PH	REPORTED	*****	*****		6.0	*****	8.63	SU	0	1/3M	GRAB
	REQUIREMENT	*****	*****		6.0	*****	9.0	SU		1/3M	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTED	*****	*****			*****	8.342	MG/L	0	1/3M	GRAB
	REQUIREMENT	*****	*****		NA	*****	NL	MG/L		1/3M	GRAB
039 AMMONIA, AS N	REPORTED	*****	*****				.49	MG/L	0	1/3M	GRAB
	REQUIREMENT	*****	*****		NA	*****	NL	MG/L		1/3M	GRAB
080 TEMPERATURE, WATER (DEG. C)	REPORTED	*****	*****			*****	22.3	C	0	1/3M	IS
	REQUIREMENT	*****	*****		NA	*****	NL	C		1/3M	IS
137 HARDNESS, TOTAL (AS CaCO3)	REPORTED	*****	*****			*****	350	MG/L	0	1/3M	GRAB
	REQUIREMENT	*****	*****		NA	*****	NL	MG/L		1/3M	GRAB
165 CL2, INST RES MAX	REPORTED	*****	*****			*****	0	MG/L	0	1/3M	GRAB
	REQUIREMENT	*****	*****		NA	*****	ND	MG/L		1/3M	GRAB
442 COPPER, DISSOLVED (UG/L AS CU)	REPORTED	*****	*****			*****	13	UG/L	0	1/3M	GRAB
	REQUIREMENT	*****	*****		NA	*****	NL	UG/L		1/3M	GRAB

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE			
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY	
					PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE				
					TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
					Robert Gleich	Robert Gleich	(903) 653-8833	2013	6	28

**COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
COOLING WATER DISCHARGE  
DISCHARGE MONITORING REPORT(DMR)**

**DEPT. OF ENVIRONMENTAL QUALITY  
(REGIONAL OFFICE)**

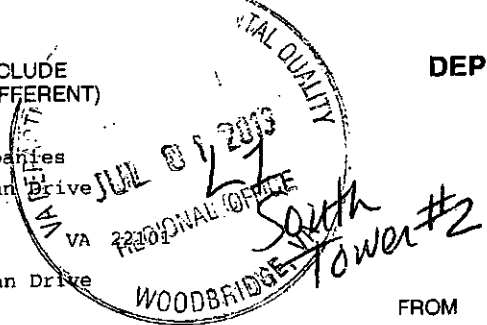
Northern Va. Regional Office  
13901 Crown Court

Woodbridge VA 22193

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS  
BEFORE COMPLETING THIS FORM.

PERMITTEE NAME/ADDRESS(INCLUDE  
FACILITY NAME/LOCATION IF DIFFERENT)

NAME The Peterson Companies  
ADDRESS 1500 Tysons McLean Drive  
McLean  
FACILITY 1500 Tysons McLean Drive



VAG250102			002		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2013	04	01	TO	2013	06 30

FROM

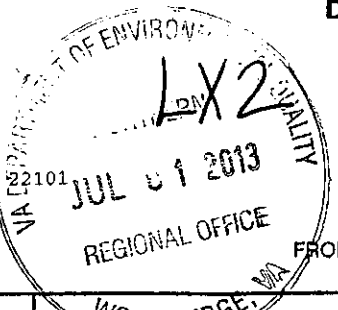
		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
447 SILVER, DISSOLVED (UG/L AS AG)	REPORTED	*****	*****			*****	<10	UG/L	0	1/3M	GRAB
	REQUIREMENT	*****	*****		NA	*****	NL	UG/L		1/3M	GRAB
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTED	*****	*****			*****	5	UG/L	0	1/3M	GRAB
	REQUIREMENT	*****	*****		NA	*****	NL	UG/L		1/3M	GRAB
	REPORTED										
	REQUIREMENT										
	REPORTED										
	REQUIREMENT										
	REPORTED										
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	REQUIREMENT										
	REPORTED										
	REQUIREMENT										
	REPORTED										
	REQUIREMENT										

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE					
<p>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. &amp; 1001 AND 33 U.S.C. &amp; 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</p>				Susane Deeds		Susane Deeds		2013	06	28		
				TYPED OR PRINTED NAME		SIGNATURE		CERTIFICATE NO.		YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				TELEPHONE				
				TYPED OR PRINTED NAME		SIGNATURE				YEAR	MO.	DAY
				Robert Gleich		Robert Gleich		(703)653-8833	2013	06	28	

PERMITTEE NAME/ADDRESS(INCLUDE  
FACILITY NAME/LOCATION IF DIFFERENT)

NAME The Peterson Companies  
ADDRESS 1500 Tysons McLean Drive

McLean VA 22101  
FACILITY 1500 Tysons McLean Drive



COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
COOLING WATER DISCHARGE  
DISCHARGE MONITORING REPORT(DMR)

VAG250102			003		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2013	04	01	TO	2013	06

PAGE 1 of 2 05/04/2006  
DEPT. OF ENVIRONMENTAL QUALITY  
(REGIONAL OFFICE)

Northern Va. Regional Office  
13901 Crown Court

Woodbridge VA 22193

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS  
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTED	*****	0.03	MGD		*****	*****	-	0	1/3 M	EST
	REQUIREMENT	*****	0.05	MGD	NA	*****	*****			1/3M	EST
002 PH	REPORTED	*****	*****		6.0	*****	8.79	SU	0	1/3 M	GRAB
	REQUIREMENT	*****	*****		6.0	*****	9.0	SU		1/3M	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTED	*****	*****			*****	8.45	MG/L	0	1/3 M	GRAB
	REQUIREMENT	*****	*****		NA	*****	NL	MG/L		1/3M	GRAB
039 AMMONIA, AS N	REPORTED	*****	*****			*****	.25	MG/L	0	1/3 M	GRAB
	REQUIREMENT	*****	*****		NA	*****	NL	MG/L		1/3M	GRAB
080 TEMPERATURE, WATER (DEG. C)	REPORTED	*****	*****			*****	22.3	C	0	1/3 M	IS
	REQUIREMENT	*****	*****		NA	*****	NL	C		1/3M	IS
137 HARDNESS, TOTAL (AS CaCO3)	REPORTED	*****	*****			*****	370	MG/L	0	1/3 M	GRAB
	REQUIREMENT	*****	*****		NA	*****	NL	MG/L		1/3M	GRAB
165 CL2, INST RES MAX	REPORTED	*****	*****			*****	0	MG/L	0	1/3 M	GRAB
	REQUIREMENT	*****	*****		NA	*****	ND	MG/L		1/3M	GRAB
442 COPPER, DISSOLVED (UG/L AS CU)	REPORTED	*****	*****			*****	31	UG/L	0	1/3 M	GRAB
	REQUIREMENT	*****	*****		NA	*****	NL	UG/L		1/3M	GRAB

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BODS(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		DATE			
				Susane Deeds	Susane Deeds		2013	6	28
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
				Robert Gluck	Robert Gluck	(703)653-8833	2013	6	28

DEPT. OF ENVIRONMENTAL QUALITY  
(REGIONAL OFFICE)

Northern Va. Regional Office  
13901 Crown Court

Woodbridge VA 22193

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COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
COOLING WATER DISCHARGE  
DISCHARGE MONITORING REPORT(DMR)

VAG250102

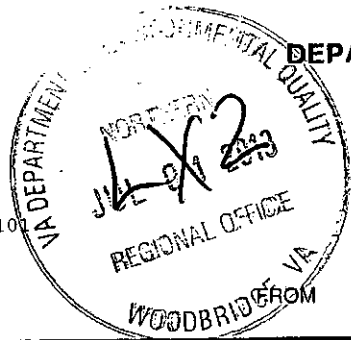
003

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
2013	04	01		2013	06	30



PERMITTEE NAME/ADDRESS(INCLUDE  
FACILITY NAME/LOCATION IF DIFFERENT)

NAME The Peterson Companies  
ADDRESS 1500 Tysons McLean Drive

McLean VA 22109

FACILITY 1500 Tysons McLean Drive

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
447 SILVER, DISSOLVED (UG/L AS AG)	REPORTED	*****	*****			*****	<10	UG/L	0	1/3M	GRAB
	REQUIREMENT	*****	*****		NA	*****	NL	UG/L		1/3M	GRAB
448 ZINC, DISSOLVED (AS 2N) (UG/L)	REPORTED	*****	*****			*****	4	UG/L	0	1/3M	GRAB
	REQUIREMENT	*****	*****		NA	*****	NL	UG/L		1/3M	GRAB
	REPORTED										
	REQUIREMENT										
	REPORTED										
	REQUIREMENT										
	REPORTED										
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	REPORTED										
	REQUIREMENT										
	REPORTED										
	REQUIREMENT										
	REPORTED										
	REQUIREMENT										

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE			
				Susane Deeds	Susane Deeds		2013	06	28	
<p>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. &amp; 1001 AND 33 U.S.C. &amp; 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</p>				TYPED OR PRINTED NAME		SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE				
				TYPED OR PRINTED NAME		SIGNATURE				
				Robert Gleich		Robert Gleich	(703)6538833	2013	06	28